PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000 CLAIMS AS FILED - PART I									09880NO 4																			
																	CLAIM	5 A3	(Colum		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
															TOTAL CLAIMS			50				RA	TE	FEE		RATE	FEE	
FOR				NUMBER FILED		NUMBER EXTRA		BASI	C FEE	355.00	OR	Basic fee	·710.00															
TOTAL CHARGEABLE CLAIMS			MS	55 _minus 20=		. 30		X\$	9=		OR	X\$18=																
INDEPENDENT CLAIMS				//- minus 3 =		8		X4	0=		OR	X80=																
MULTIPLE DEPENDENT CLAIM PRESENT								+13	35±		OR	+270=																
* If the difference in column 1 is less than zero, enter "0" in column 2								TO	TAL		OR	TOTAL																
6-24-06 (Column 1) (Column 2) (Column 3)									ALL	ENTITY	OR	OTHER																
	7 / 0 /	(Cotum				mn 2) ÆST	TOCHUMN 3)			ADDI	7		ADDI-															
MTA		REMAIN	ING R		PREVI	BER OUSLY FOR	PRESENT EXTRA	RA	TE	TIONAL		RATE	TIONAL FEE															
AMENDMENT A	Total	• 3	/	Minus		50	- /	XS	9=	1	OR	X\$18=	# 18															
	Independent	. //	/	Minus	***	//	= -	X4	0=		OR	X80≈	. 0															
	FIRST PRESE	NTATION	OF ML	ILTIPLE DE	PENDEN	T CLAIM		+13	\S-		OR	+270=																
	1 1								OTAL				#1Q															
3	04/05 (Column 1) (Column 2) (Column 3)							ADDIT. FEE OR ADDIT. FEE																				
$\stackrel{\smile}{\vdash}$	10110	(Colum				mn 2) HEST	(Column 3)				i 1																	
AMENDMENT B		REMAINING AFTER AMENOMENT			NUM PREVI PAID		PRESENT EXTRA	RATE		ADDI- TIONAL FEE		PLATE	ADDI- TIONAL FEE															
Ş	Total	• 5		Minus	- E	51	•/	X\$	9=		OR	X\$18=																
AME	Independent FIRST PRESE	- /	05 48	Minus	***	10.00	-	X4	O=		OR	X80≈																
	FIRST PRESE	NIAHON	OF MIL	CHPLE DE	PENDEN	1 COM		+13	15=	,	OR	+270≃																
									OTAL		OR	TOTAL ADDIT, FEE																
		(Colum	n 1)		(Colu	mn 2)	(Column 3)	AD011			•	ADDII. 1 EE																
		CLAB	is		HIG	EST				ADDI-	1		ADDI-															
AMENDMENT C		REMAIN AFTE AMENDA	R		PREV	ABER ROUSLY FOR	PRESENT EXTRA	RA	TE	TIONAL FEE		FLATE	TIONAL FEE															
	Total			Minus	**		=	XS	9=	,,,,,,	OR	X\$18=																
ME	Independent	•		Minus	***		=	X4	0=		1	X80=																
	FIRST PRESE	NTATION	OF MI	JLTIPLE D	EPENDEN	IT CLAIN	A 🔲				OR																	
•	If the eather linears.	ma 1 la lace	then i	no antru in ac	benn 2 uni	te M'in ^	okimo 3	+13			ОЯ	+270=																
**	If the entry in colu If the "Highest Nu	mber Previo	ously Pa	ald For IN TI	HIS SPACE	is less th	an 20, enter "20.	ADDIT	OTAL FEE		OR	ADDIT, FEE																
991	If the "Highest Nur The "Highest Nur	mber Previo nber Previo	ousty Pal usly Pal	aid For IN T id For (Total	HIS SPACE or Indepen	ie less th dent) is th	van 3, enter "3." na highest numbe				ox in cc	iumn 1.																